

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2752**  
Registrar's No. **433**

**FILED JAN-26 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5007a Goethe</b>		d. STREET ADDRESS (If rural, give location) <b>5007a Goethe</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) c. (Last) <b>Lurk</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-14-50</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 27, 1902</b>
9. AGE (In years last birthday) <b>47</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>	11. BIRTHPLACE (State or foreign country) <b>Ste. Genevieve, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>August Lurk</b>		13b. MOTHER'S MAIDEN NAME <b>Lenas Winston</b>	
14. NAME OF HUSBAND OR WIFE <b>Christine Lurk</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>	
16. SOCIAL SECURITY NO. <b>497-10-7069</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marcel Lurk</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b> 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>1-14-50 2:30 PM</b> 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>1/27, 1948</b> , to <b>1/14, 1950</b> , that I last saw the deceased alive on <b>1-14, 1948</b> , and that death occurred at <b>3:45</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Albert H. Hoppe</b>		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>1-14-50</b>		24a. BURIAL/CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>1-14-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Ste. Genevieve, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REG. <b>JAN 15 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Leaster</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>4700 Washington</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Good*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Oliver R. Radwell*

Licensed Embalmer No. *4077*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.